dule of fees, and were given complete power for these negotiations.

Dr. W. E. Gray, New Brunswick's representative on the executive committee of the Canadian Medical Association reported the results of the business of the Canadian Medical Association Council at Winnipeg. This included the news that a federal bill to enact state medicine might be expected shortly. After a thorough discussion it was recommended by resolution that the New Brunswick Medical Society be not bound to any form of state medicine without the full details of such legislation being first submitted for its consideration and opinion. Copies were sent to all Provincial Divisions of the Canadian Medical Association.

It was decided to send out a new questionnaire to all members of the Society to ascertain their readiness and ability to join the active service of our country with due consideration to the needs of civilians. The scientific program was as follows:

(1) "A few notions of the modern treatment of cancer and adenoma of the prostate", Dr. Andre Simard, Quebec City; (2) "Abdominal decompression", Dr. George Skinner, Saint John; (3) "Tuberculosis through the ages", Dr. J. A. Couillard, Mont Joli, Quebec; (4) "Military physical standards", Major W. O. McDonald, R.C.A.M.C., A.F. (1) "Clinical aspects of jaundice", Dr. Norman Skinner, Saint John; (2) "Military hygiene", Major F. C. Jennings, Saint John; (3) "Urinary infections", Dr. Emerson Smith, Montreal; (4) "Acute empyema and its treatment", Dr. J. R. Nugent, Saint John.

*Election of officers resulted as follows:*

*President*—Dr. A. F. VanWart; *First Vice-president*—Dr. H. E. Britton; *Second Vice-president*—Dr. H. S. Everett; *Treasurer*—Major F. C. Jennings; *Secretary*—Dr. A. S. Kirkland.

*Executive Committee:*

Dr. D. A. Thompson, Bathurst; Dr. P. C. Laporte, Edmundston; Dr. J. S. Hynes, Fredericton; Dr. P. M. Atkinson, Moncton; Dr. H. P. O'Neil, St. Andrews; Dr. M. H. McKinnon, Woodstock; Dr. George Skinner, Saint John; Dr. George Dumont, Campbellton.

*Workmen's Compensation Board Buffer Committee:*

Dr. A. L. Donovan (Chairman), Saint John; Dr. W. J. Baxter, Saint John; Dr. J. R. Nugent, Saint John.

*Cancer Committee:*

Dr. J. S. Hynes (Chairman), Fredericton; Dr. A. F. VanWart, Fredericton; Dr. J. M. Barry, Saint John; Dr. A. S. Kirkland, Saint John; Dr. R. D. Roach, Moncton; Dr. J. H. Rice, Campbellton.

*Additional members of Canadian Medical Association Council:*

Drs. C. J. Veniot, R. W. Earle, A. L. Gerow, P. C. Laporte, H. E. Britton, G. F. Skinner, J. R. Nugent. Drs. G. M. White and H. S. Everett (alternates).

*Canadian Medical Association Nomination Committee:*

Dr. A. L. Gerow. Dr. Charles Dumont (alternate).

*Canadian Medical Association Executive Committee:*

Dr. W. E. Gray. Dr. C. J. Veniot (alternate).

*Workmen's Compensation Board Tuberculosis Committee:*

Drs. R. A. H. MacKeen (Chairman), H. A. Farris, George Skinner.

*Members of the Council of Physicians and Surgeons:*

Drs. H. E. Britton, P. C. Laporte, A. S. Kirkland, R. W. Earle, W. E. Gray.

*Members of Standing Committees, Canadian Medical Association as follows:*

*Committee on Archives*—Dr. J. S. Hynes, Fredericton; Dr. A. S. Kirkland, Saint John.

*Committee on Constitution and By-laws*—Dr. J. R. Nugent, Saint John.

*Committee on Economics*—Dr. A. F. VanWart, Fredericton.

*Committee on Credentials and Ethics*—Dr. R. D. Roach, Moncton.

*Committee on Maternal Welfare*—Dr. George M. White, Saint John.

*Committee on Medical Education*—Dr. J. M. Barry, Saint John.

*Committee on Nutrition*—Dr. W. O. McDonald, Saint John.

*Committee on Pharmacy*—Dr. H. S. Wright, Fredericton.

*Post-graduate Committee*—Dr. R. A. H. MacKeen, Saint John.

*Public Health Committee*—Dr. A. M. Clarke, Saint John.

A. STANLEY KIRKLAND

# Medical Societies

## The Calgary Medical Society

A special meeting of the Calgary Medical Society was held on September 3, 1941, when the guest speaker was Carl Waldron, M.B., D.D.S., F.A.C.S., of the University of Minnesota. His subject was "Facial injuries". He discussed in particular various types of fractures of the mandible and maxilla and their special treatment from the surgeon's as well as the dentist's point of view. Plastic surgery of facial injuries was also considered. Dr. Waldron is a graduate of Toronto University and was in charge of plastic surgery of facial injuries with the Canadian Forces during the last war. Members of the Calgary Dental Association were present at this meeting.

G. E. LEARMONTH

## Provincial Association of Medical Health Officers

This Association held its twenty-seventh annual meeting at Kentville with an excellent program. "Cancer control", Dr. J. K. McLeod, Sydney; "Immunization", Dr. C. L. MacMillan, Victoria County; "Some aspects of a diphtheria outbreak", Dr. S. Marcus, Lunenburg; "Results of Schick testing in the Halifax area", Dr. A. R. Morton, Halifax; "The Schick test in certain groups", Dr. J. J. MacRitchie; "Suggestions for the further control of some

communicable diseases", Dr. C. A. Herbin, Lockeport; "Recent changes in communicable disease regulations", Dr. J. S. Robertson, Yarmouth; "The district nurse as an index to community health", Dr. D. K. Murray, Liverpool; "The importance of the Dick test in the control of scarlet fever", Dr. C. J. W. Beckwith, Sydney; "The eradication of tuberculosis", Dr. T. W. MacLean, Westville; "The result of tuberculin patch testing", Dr. E. L. Eagles, Windsor; "Present public health services from the standpoint of a country practitioner", Dr. G. D. Donaldson, Mahone Bay; "A recent epidemic of sore throat", Dr. G. G. G. Simms, Pictou; "Typhoid and typhoid carriers", Dr. E. A. Brasset, Clare; "Disease control from the laboratory standpoint", Dr. D. J. MacKenzie, Halifax; "The handling of venereal disease contacts reported by the services", Dr. J. A. Webster, Yarmouth; "The outpatient department", Dr. G. M. Peters, Glace Bay.

The newly elected president is Dr. R. C. Zinck of Lunenburg. Dr. P. S. Campbell continues as secretary.

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### Regina and District Medical Society

This Society held a one day refresher course on September 8th at the Regina General Hospital. About one hundred physicians attended, including one from the Navy, and several from the Army and the Air Force.

Dr. Gordon Fahrni, President of the Canadian Medical Association, addressed the luncheon at the hospital. He explained the federal government's intention of bringing in a state medicine act at the next session of parliament, this Act apparently to be based on the Act in British Columbia which was found by the profession to be so impractical. Even if 15 or 20 per cent of our members are away on military duty and if some of us feel that we have too many meetings to attend we must hear the clear call to study, action, and education of public opinion including the opinion of our federal members and of cabinet members in regard to what legislation is suitable to the profession. A few thousand physicians in Canada have not enough voting power to change any election but if they stand united they do not have to submit to a piece of legislation which will make them all civil servants subject to the whims of politicians. The fact that only about 50 per cent of practising physicians in Canada are members of the Canadian Medical Association is an astounding fact. Printers, bricklayers and railwaymen can show more loyalty to their colleagues than this.

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After a dinner meeting held in the Hotel Saskatchewan Dr. T. C. Routley spoke. The Army requires still more doctors, the District Medical Officers have been requested by Surgeon-Commander McCallum, by Brigadier Gorssline and by Air Commodore Ryan to give full co-operation to the committees on military service appointed by each provincial division. A heavy responsibility rests on these committees to see that a sufficient supply of physicians is given to the Services without denuding the civil population of medical care.

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Dr. R. G. Ferguson of Fort Qu'Appelle paid high tribute to the work of the general practitioner in Saskatchewan reducing the tuberculosis death rate in the last twenty years from 46 per 100,000 to 17 per 100,000 (excluding Indians). Seventy-five per cent of the cases admitted to Saskatchewan sanatoria are diagnosed directly by the general practitioner. Now the tools of war have been supplied in the tuberculosis fight, victory depends on those recruiting the cases. In the last twenty-five years our conception of tuberculosis has changed. Infection used to be universal and inescapable; everyone was infected by 30 years of age. This philosophy is held in England today. More than half the people now living in Saskatchewan will never be infected. The numbers of people infected are dropping rapidly. The slogan twenty years ago was "Early diagnosis before he becomes incurable". The slogan now is "Diagnose the case before the disease has spread". Tuberculosis is one infectious disease that can be eradicated. In 1921 at the age of 20 about 75 per cent had had measles also 75 per cent of the same age group had a positive tuberculin test. Today about 75 per cent of the same age group has still had measles but only 15 per cent of this group has a positive tuberculin test. The attitude of the doctor has changed; he passes the case on to the sanatorium and the next day wonders where the patient got the infection and whom he has given it to. Now the general practitioner is an epidemiologist instead of a therapeutist. After a case has been removed from a family, other members of the family may show infection in from four to seven weeks, or they may show infection from one month to five years later. The infection is more acute than we used to think, more than half the lesions which develop in nurses develop in the first year of exposure. A person with a positive tuberculin test should be examined every year for three years, then in five years, then in seven years. In a home where there is a case of tuberculosis one in every ten of the tuberculin positive people in this home develop tuberculosis, but in society at large one lesion develops in every hundred positive tuberculin reactors. Last year 337 doctors in Saskatchewan got free tuberculin. Any doctor can have it for the asking. Patients admitted last year have a history of a case or a death in the family in only 30 per cent of cases; gross symptoms are rarely met with in this province, 15 per cent

of cases are discovered before they show any symptoms.

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Dr. Fahrni spoke on parathyroid tumours. He has had eight cases of these tumours, all were seen first by general practitioners. They often come in complaining of symptoms referable to bones, or, it may be, kidney stones. The condition can go on for years; short bones seem to be more immune from loss of calcium. Patients complain of terrible weakness. Serum calcium is up and serum phosphorus is down. They lose large amounts of calcium in the urine, and have polydipsia and polyuria. When operating always examine all the parathyroid glands, patients may have a tumour in more than one gland. After operation put the bones in good position, use casts if necessary and avoid deformities.

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Dr. Fahrni also spoke on "Some problems in the management of toxic goitres".

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Dr. W. A. Thompson took the chair in the afternoon.

Dr. F. G. McGuinness, Winnipeg, referred to some results of the survey of maternal mortality which has been going on in Manitoba in the last fifteen years. Of twenty women who died of abortion nineteen were married. Most of the cases of sepsis after delivery followed interference. Many people bewailed the fact that maternal mortality in Holland was only 2 per cent while in Canada that figure has not been reached. Manitoba studies show that Dutch women having babies in Manitoba also have exactly that figure for maternal mortality as in Holland, namely 2 per cent. The Dutch woman has a wide pelvis. Toxæmia, hæmorrhage and sepsis cases were exhaustively studied. In the afternoon Dr. McGuinness spoke on prematurity, the problem of prematurity seems bound up with the problem of toxæmia. He had charts that could be seen all over the room and a voice that kept even the sleepiest members awake. For the sake of Canada's prestige we hope he gets on programs across the line occasionally.

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Dr. Lennox G. Bell, Winnipeg, discussed the bad side effects of drugs that some doctors use too liberally; bromides and the new drug dilatin were two of the offenders, but he did not say what one had better give to the soldier's wife who needs something to make her nights more bearable. In the afternoon he led us through the maze of anæmias, condemning the common custom of giving the anæmia patient a dose of liver before the diagnosis is made. Our pathologist, Dr. D. F. Moore, has been trying to get that idea to us for a long time; his anæmia patients should appear in a more untouched state this winter.

Dr. Chas. K. P. Henry, Montreal on "Cancer of the gastro-intestinal tract". In the evening he addressed a public meeting in the Darke Hall on "Problems and control of cancer".

The team of speakers went on to Saskatoon on the midnight train, where a similar course was given for northern physicians.

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Dr. J. B. Ritchie, chairman of the morning session, referred to the happy event about to take place in the afternoon when Dr. Ferguson's daughter would become the bride of Dr. F. W. Hart's son, of Indian Head, thus uniting two of the prominent medical families of Saskatchewan.

LILLIAN A. CHASE

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## La société médicale des hôpitaux universitaires de Québec

Une séance de cette Société tenue à l'Hôpital du St. Sacrement, le mai 9, 1941. Suivent les résumés.

CONSIDÉRATIONS SUR LE DIABETE INFANTILE.—Roland Thibaudeau.

Le diabète infantile, évoluant dans un organisme en pleine croissance est conséquemment instable et grave; c'est habituellement un diabète consomptif, évolutif qui, tôt ou tard, mène à la cachexie et au coma, si l'on ne recourt pas à l'insulinothérapie. Le début est souvent silencieux. A la période d'état, les symptômes sont les mêmes que chez l'adulte avec, parfois, en plus de la lassitude, une courbe de poids insuffisante, de l'énurésie et des troubles du caractère.

A propos d'hypoglycémie, on remarque que, chez l'enfant, le taux du sucre sanguin peut atteindre des chiffres très bas sans produire de malaise; d'autre part, on observe parfois des accidents hypoglycémiques, avec des glycémies considérées comme normales.

La thérapeutique de l'affection doit avoir pour but d'enrayer les progrès de la maladie tout en gardant l'enfant en bonne santé et actif. Pour y arriver l'association insuline-régime s'impose. Le régime doit se rapprocher autant que possible du régime normal. L'insuline se donne à dose fractionnée, vu la grande sensibilité de l'enfant à la médication. L'insuline protamine zinc permet de remédier à cet inconvénient.

Une fois établie, l'importance de la dystrophie hydrocarbonée, on est en présence de deux éventualités qui orientent le traitement: (*a*) diabète sans acidose, (*b*) diabète avec acidose.

Quels sont les résultats du traitement? 1°—diabète equilibré; 2°—diabète amélioré; 3°—diabète difficile ou impossible à équilibrer.

Contrairement à ce que croient de nombreux médecins, l'enfant diabétique peut souvent, après quelques semaines d'observation et de traitement à l'Hôpital, retourner dans sa famille, vivre sa vie, c'est-à-dire, poursuivre ses études etjouer avec ses camarades. Ce n'est qu'alors qu'on peut parler de succès thérapeutique en diabète infantile. De temps à autre, le petit malade se présente à la consultation pour faire contrôler son poids, ses glycosurie et glycémie. D'excellents petits volumes du genre de "The diabetic A.B.C." sont à conseiller; ils contiennent les instructions indispensables à la bonne conduite du traitement à domicile.

Certains diabétiques, cependant, ne peuvent se permettre cette vie et exigent une surveillance de tous les jours; ils ne doivent évidemment plus quitter l'Hôpital. Et malgré tout, tôt ou tard, à l'occasion de la moindre cause, ces malades tombent en acidose et finissent par succomber dans le coma.

CONGESTIONS PLEURO-PULMONAIRES. — Renaud Lemieux et Honoré Nadeau.

Les observations relatées ont trait à deux cas de congestions pleuro-Pulmonaires aigues d'origine bacillaire survenues ches des militaires âgés déune vingtaine d'années, jusque là apparemment indemnes de toute atteinte. La maladie a débuté rapidement et a présenté, dans la première période de son évolution, les principaux caractères des affections pleuro-pulmonaires dues aux microbes habituels tels les pneumocoques, le bacille de Friedlander, etc.

Dès leur arrivée à l'hôpital, ces malades ont été soumis à un traitement intensif par les sulfamidés: sulfathiazole par voie buccale et sulfapyridine par voie intramusculaire. Ce traitement a été un échec complet, la maladie a continué d'évoluer à l'état aigu pendant plus de deux mois.

Les recherches effectuées ont permis, dans un cas, de mettre en évidence la présence du B.K. dans la liquide pleural après culture sur le milieu de Lowenstein. Dans le second cas toutes les recherches ont été négatives, mais il persiste une forte présomption en faveur de la tuberculose. Dans les deux cas les B.K. n'ont pu être retrouvés dans les crachats après de multiples examens.

L'étude de ces deux cas semble faire ressortir deux faits bien particuliers; d'une part la complète inefficacité de la médication sulfamidée au cours des infections bacillaires, d'autre part l'intérêt de cette médication comme traitement d'épreuve dans les cas d'infection pulmonaire qui n'ont pas faite leur preuve étiologique.

A PROPOS D'UN CAS D'ANÉMIE.—Renaud Lemieux et Guy Drouin.

Les auteurs rapportent l'histoire d'une malade, âgée de 51 ans, admise pour une histoire de cholécystite chronique dont la preuve n'a pu être faite par le tubage duodénal et la cholécystographie. Son teint étant un peu pâle, ils ont fait faire une formule sanguine qui a révélé une anémie hyperchrome de moyenne intensité (globules rouges 3,400,000; globules blancs 5,500; hémoglobine 100 pour cent; valeur globulaire 1.6) et une éosinophilie à 22 pour cent. Dans les antécédents et dans l'état actuel rien n'a pu être relevé qui aurait expliqué et l'anémie, et l'éosinophilie. Il n'existait aucun signe de parasitose intestinale et les recherches au point de vue gastrique ont montré de l'anachlorhydrie et de l'achylie, et aux rayons X des contractions inefficaces. C'est l'examen gastroscopique qui s'est révélé le plus intéressant en permettant de voir une muqueuse atrophique dans son ensemble, présentant les plages blanches nacrées caractéristiques de l'anémie pernicieuse de Biermer. Sous l'influence de l'hépatothérapie, l'état s'est amélioré: le nombre des globules rouges a été porté à 3,840,000, la valeur globulaire s'est rapprochée de l'unité (1.1) et l'éosinophilie est baissée à 15 pour cent.

R. LESSARD

# University Notes

## McGill University

The university over a series of years has been granting loans, as well as a large number of scholarships and bursaries, to needy students. The loans are available to students in their final years. About $16,000 a year is disbursed in this fashion.

The rate of interest is 2 per cent while the student is at the university. Upon graduation he pays 3 per cent. There is very little loss in these funds, as graduates make every effort to pay back their loans as soon as possible.

It was stated by university officials that the university will give sympathetic consideration to all applications from students for loan funds.

Professor J. B. Collip, M.D., D.Sc., F.R.S.C., etc., has recently been appointed by McGill University to head a newly-formed Research Institute of Endocrinology. The new Institute will be housed in the West Wing of the Medical Building. Dr. Collip has resigned his position as Gilman Cheney Professor of Biochemistry at McGill to accept the new position, and is taking with him two former members of the Staff of the Department of Biochemistry, R. L. Noble, M.D., and A. H. Neufeld, Ph.D.

Dr. D. Landsborough Thomson, Professor of Biochemistry has been announced as Dr. Collip's successor as Chairman of the Department of Biochemistry. Dr. Thomson, a graduate of the University of Aberdeen, and of Cambridge University, has been a member of the staff of the Department since 1929.

# Letters, Notes and Queries

## Treatment of Lichen Planus with Vitamin B Complex

*To the Editor:*

Dr. J. F. Burgess' paper: Treatment of Lichen Planus with Vitamin B complex (*Canadian Medical Association Journal*, 1941, **44**: 120) has been of special interest to me as his results confirm on a larger material, an impression which I had gained from treating a few cases with vitamin B complex (Minnesota Dermatological Society, October, 1939, *Arch. Dermat.*, 1940, **41**: 620).

At that time I suspected that vitamin $B_1$ might be the factor; subsequent experience, however, disproved this idea. I have seen further very gratifying results from the use of vitamin B complex.

At present, I can only emphasize Dr. Burgess' recommendation to use the vitamin B complex until a specific factor has been demonstrated. It would seem worthwhile that those who treat a large number of cases of lichen planus should try the various components of the complex. I may mention in this connection a report from Tzank, Sichi and Tardieu (*Bull. Soc. franç. Dermat.*, 1939, **46**: 862), about good results from treatment with nicotinic acid amid.

Yours very sincerely,

STEPHAN EPSTEIN, M.D.

Marshfield, Wis.,
August 27, 1941.

**Answers to letters appearing in this column should be sent to the Editor, 3640 University Street, Montreal.**